U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 05783

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12]/ 31 / 2005			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Michael J Durant	Name Ironworkers local 7			
	Labor Organization File Number 033-092			
P.O. Box, Bldg., Room No., if any P.O. Box 7	P.O. Box, Building and Room Number, if any P.O. Box 7			
Street 195 Old Colony Avenue	Street 195 Old Colony Avenue			
City South Boston	City South Boston			
State Massachusetts ZIP Coce + 4 02127	State Massachusetts ZIP Code + 4 02127			
5. Position in labor organization. Business Agent				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	-			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Coce + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Macha (Cural	On 03/29/2006 617-268-4777			
	Date Telephone Number			

Name of Person Filing Michael Durant	File Number Q- 05783	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Ironworkers District Council LMCT	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any P.O. Box 96	c. Employer	
Street 191 Old Colony Avenue		
City South Boston		
State Massachusetts ZIP Code + 4 02127		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	Trust that is funded from contributions made pursuant to collective bargaining agreements between Ironworkers local 7 and various signatory construction employers.	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Ccde + 4	Meeting related travel, meals and lodging.	
	40.5 Amount	
	12.b. Amount. \$844]	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name ',	1	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	· }	
City		
State ZIP Coce + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	

Name of Person Filing M	Michael	Durant
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File Number U- 05783

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with
Name Ironworkers District Council H&W Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 161 Granite Avenue	c. Employer
City Dorchester	
State Massachusetts ZIP Code + 4 02124	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Ironworkers District Council H&W Fund is a Taft Hartley Trust that is funded from contributions made pursuant to industry collective bargaining
Trade Name, if any:	agreements including agreements between Ironworkers Local 7 and various signatory construction
P.O. Box, Bldg., Room No., if any	employers.
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing,
	12.a. Nature of interest held or income received.
	Meeting related travel, lodging and meals
	12.b. Amount. \$2,457